

## MEM-CL-Member Voluntary Lock-in (LI) Process

### Purpose:

To identify the process for enrolling a member into the lock-in program at his/her own request.

### Identification of Roles:

- **Lock-in (LI) Coordinator** – accepts self-referrals, completes administrative tasks, and provides unit support.
- **Clinical Peer Reviewer**- reviews member cases and makes a determination based on the medical record and any supporting documentation.

### Performance Standards:

On a quarterly basis report the Member Health Education Program (MHEP) and LI program savings and a quarterly measurable growth rate from pre-enrollment to post-enrollment for LI members. Outline the methodology for this analysis based on claims data to a level of detail that enables the Department staff to substantiate the reports content.

### Path of Business Procedure:

#### Step 1: Receiving referrals

- a. The LI Coordinator will receive referrals via telephone, letter, or via fax

#### Step 2: Member self-refers

- a. If a member volunteers to be in the lock-in program, the member may complete the *Voluntary Lock-in Agreement* form
  1. Voluntary Lock-in Agreement form can be accessed via the Lock-in folder on the Member Services share drive
- b. The agreement is mailed to the member for signing and includes a return envelope. This is completed by the Member Services staff following the Mail Merge process

#### Step 3: The Clinical Peer Reviewer reviews *Voluntary Lock-in Agreement* and/or member history

- a. Follow the MEM Clinical Peer Review Process

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Step 4: The Clinical Peer Reviewer determines if the Lock-in program would be beneficial for the member

- a. If yes, follow the standard lock-in initiation process. (Refer to MEM Lock-in Provider Selection and Change Process)
- b. If no, refer member to the Enhanced Primary Care Management (EPCM) program

**Forms/Reports:**

Lock-in report

**RFP References:**

6.5.6

**Interfaces:**

C3

Data Warehouse

SSNI

OnBase

**Attachments:**

NA